

59th Medical Wing



U.S. AIR FORCE

59 MDW Internal Medicine Product Line Analysis

Information Brief
Briefer: LtCol Julian
Date: 3 Dec 04

Integrity - Service - Excellence

Overview

- Revised Financing & Business Plan
- San Antonio Multi-Service Market (SA-MM)
- Centralized Consult Management and Appointing (CAMO)
- Internal Medicine Product Line Review

Revised Financing Overview

Prospective Payment System

- **Goal 1:** Provide Care of your Prime Enrollees
 - In-house vs. “make vs. buy” to Private Sector
 - MTF responsible for all PRIME care rendered in both direct care and private sector
- **Goal 2:** Earn Revenue on Fee for Service (FFS) Basis
 - Other MTFs’ Enrollees, Space-A (Active duty and other), Tricare Plus and TRICARE for Life, and MCSC (new)
- **Bottom-line:** We need to take care of our enrollees and meet our business plan targets; Focus on Customer Satisfaction, Access to Care, Productivity, and Data Quality

Business Plan Overview

Actual **59 MDW** Performance Oct-Jul 04

RVUs	IHC	Other DC	PC	Total PRIME	Other Enr	SA AD	SA NAD	Plus	Total FFS
Actual	256,130	16,071	55,388	327,589	79,986	72,278	48,866	104,149	305,279
Target	286,272	25,624	44,248	356,144	94,336	110,488	95,384	74,136	374,344
Diff	(30,142)	(9,553)	11,140	(28,555)	(14,350)	(38,210)	(46,518)	30,013	(69,065)
% Met	89%	63%	125%	22%	77%	44%	109%	140%	82%

RWPs	IHC	Other DC	PC	Total PRIME	Other Enr	SA AD	SA NAD	Plus	Total FFS
Actual	2,633	225	344	3,202	1,854	290	3,262	2,877	8,283
Target	2,856	280	368	3,504	2,088	440	4,864	2,072	9,464
Difference	(223)	(55)	(24)	(302)	(234)	(150)	(1,602)	805	(1,181)
% Met	92%	80%	93%	91%	89%	66%	67%	139%	88%


Bottom-line: -\$9.4M
25% "At Risk" in FY05

Source: P2R2 Virtual Analyst website

- Performance against targets seen differently for PRIME & FFS patients
- FY04 Targets based on FY02 LOE with no adjustments
- FY05: 25% "At Risk"; FY06: 50%

SA-MM Overview

Goals & Objectives

- San Antonio Multi-Service Market (SA-MM) consists of WHMC, BAMC, Randolph Clinic, and Brooks Clinic
- Goals: Achieve the following desired end states
 - Optimize efficiency between direct and purchased care markets
 - Eliminate duplicate services
 - Increase synergy and cooperation among San Antonio MTFs
 - Ensure patient satisfaction with access and quality service
 - Strengthen Readiness by allocating the appropriate mix of resources
- Objectives
 - Optimize provider mix across specialty lines
 - Move providers and add facility capacity to meet population demands
 - Conduct rigorous business planning for clinical service lines
 - Optimize Third Party Billing, Contracting and Pharmacy
 - Establish a SA-MM Consult, Appointment and Management Office

CAMO Benefits

- Recapture Prime Leakage through more effective utilization of Market resources
- Provide “Entire Market” approach to appointment and referral processes
- Eliminates competition between MTFs and encourages cooperation
 - Encourages consolidation of clinical service lines
 - Facilitates GME (free movement of patients and staff between MTFs)
- Provides single POC for coordination between Purchased Care System and MTFs on referrals

Internal Medicine Product Line Analysis

- Clinic Description
- Manpower and Staffing
- Readiness/Mobility Taskings
- Access to Care
- Enrollment
- Template Review and Workload over Time
- PRIME Leakage, PSC Use, and Market Share
- Coding Analysis
- Comparison to Civilian Benchmark
- Business Plan Implications
- Third Party Collections
- Customer Satisfaction
- Stoplights

Internal Medicine

Clinic Description

- Inpatient: Medical admissions by IM service (excluding cardiology, pulmonary, or Hemonc wards)
 - IM residents management patient with subspecialty staff oversight
 - IM staff serve as ward attending/consult attending average 2 x/yr in addition to medical student preceptorship
- Outpatient Services:
 - Primary care to >7,000 IM enrollees (>5,000 over age 65)
 - Consult and pre-op evaluations
 - GME responsibilities: 2 staff MDs supervise IM residents & other interns rotating through IM outpatient clinic
 - Procedures: Designated “High Risk” or “High Volume”

Diagnoses		Procedures		Conscious Sedation	
	Risk		Risk	Yes	No
Hypertension	HV	Injection/aspiration of joint			X
Diabetes Mellitus	HV	Punch & shave biopsies			X
Hyperlipidemia	HV	Cryotherapy			X
B Complex Deficiency	HV	Minor incision & drainage			X
Coronary Atherosclerosis	HV	Elliptical excisions			X
Chronic Obstructive Pulmonary Disease	HV	Exercise Treadmills	HR		X
Osteoarthritis	HV	Matrixectomy			X

Internal Medicine Residency GME Program Status

- Residency Program (not integrated): 3-year (PGs 1-3)
 - 22 AF Starts per Year
 - 50 Total AF Residents: 14 PG 1, 15 PG 2, 13 PG 3 + 8 additional PG 1s
- RRC: Last accreditation Apr 00 (Full Accreditation); Next Nov 05
 - Areas of Concern:
 - “Residents continuity assignment does not provide adequate number of patients of both sexes and a broad range of age and clinical problems”
 - Residents don’t see many well patients with acute problems
 - “Adequate support services for outpatient teaching and patient care are not available, specifically clerical support”
- Board Certification Pass Rate – (not reported)
- On-time Graduation – 95% average last 4 years
- Percentile Score nation-wide: (Not reported)
- Case Mix and Patient Volume:
 - Need younger patients; improving with recent transfer of patients
 - Decreasing bed status affecting GME
- Other: Residents run inpatient services for general medicine, cardiology, ICU-CCU, inpatient consults, and oncology ward
- WHMC supports BAMC with sub-specialty coverage
 - Combined fellowships in GI and pulmonary

Internal Medicine Staffing

	Authorized				Assigned				
	Mil	GS Civ	Total		Mil	GS Civ	Contract	Total	Staffing
44M3	16	0	16		17	0	0	17	100%*
44G3	1	0	1		1	0	0	0	0%**
Support									
46N3 RN	7	1	8		4	1	0	5	63%
4N0 LVNs	17	1***	17		12	1***	4	16	94%
4A0 Admin	7	2	9		4	3****	0	6	67%

- Notes:

- * 1 Staff MD will go onto USUHS billet (drop to 16 asgn)

- Authorizations will be: 16 WHMC and 2 USUHS

- ** 1 PA is matrixed to MEB

- *** 1 LVN is matrixed to Wellness

- **** 1 4A is matrixed to MEB

- RNs: 1 PCSs in Jan; 1 Separates in Jun = 3 remaining as RN support and 1 HCI (3 AD + 1 GS remaining)

- 1-2 44Ms deployed during any cycle

Internal Medicine

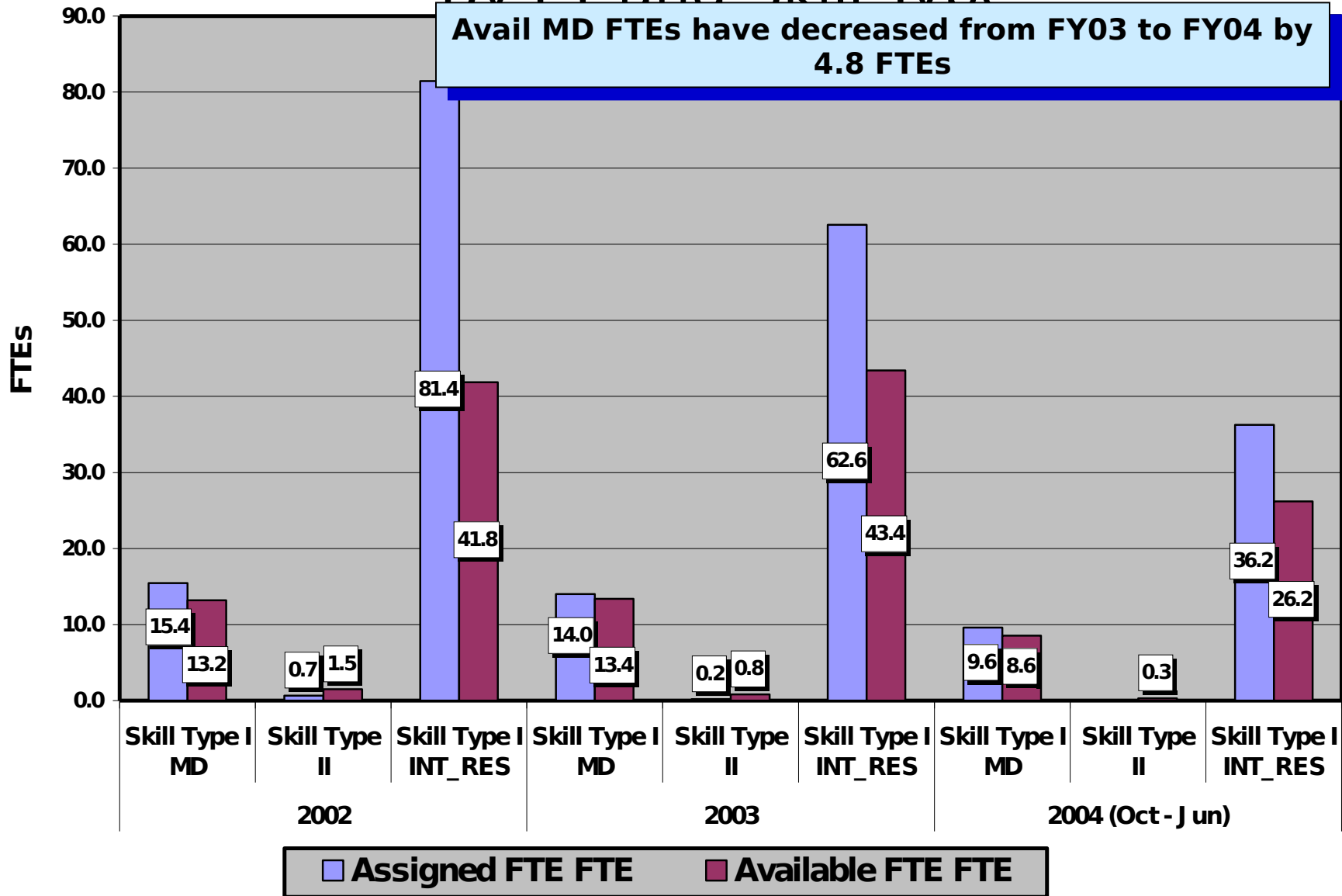
Staff Physicians

- Col Thomas Grau; IM residency Program Director WHMC
- Lt Col Helen Hootsmans: IM Flight Commander, Chief IM
- Maj David Carnahan - USUHS Billet, medical student USUHS clerkship director
- Maj Rechell Rodriguez - WHMC IM Assistant Program Director (student preceptor 6wks- 6hr/wk)
- Maj Roger Piepenbrink
- Maj Adedayo Odunsi- CHCS II rep **Tasked for May 05 Deployment**
- Maj David Mallette - P&T Rep
- Maj Nhue Ho - PI rep, (student preceptor 6wks- 6hr/wk)
- Cpt Jason Stamm - Chief Resident
- Cpt Bridget Fiechtner - (student preceptor 6wks- 6hr/wk)
- Cpt Corie Sandall - **Deployed Sept 2004- Jan 2005**
- Cpt Dawn Rudd - 9D Medical Director, Procedure Clinic Director, Primary reviewer for IM consults (student preceptor 6wks- 6hr/wk)
- Cpt Richard Ward - Alternated Delayed Team Chief
- Cpt Kevin White - NP supervisor outpt, Director consult service, (student preceptor 6wks- 6hr/wk) **Deploying December 2004**
- Cpt Steven Held
- Cpt Kelly Englund- - **Tasked for May 05 Deployment**
- Cpt Stacie Johnson - ACC lecture coordinator, Blood Utilization Committee
- Cpt Alexies Ramirez - Wellness Clinic Director, CCAT team member (student preceptor 6wks- 6hr/wk)

Internal Medicine DMHRS Reporting

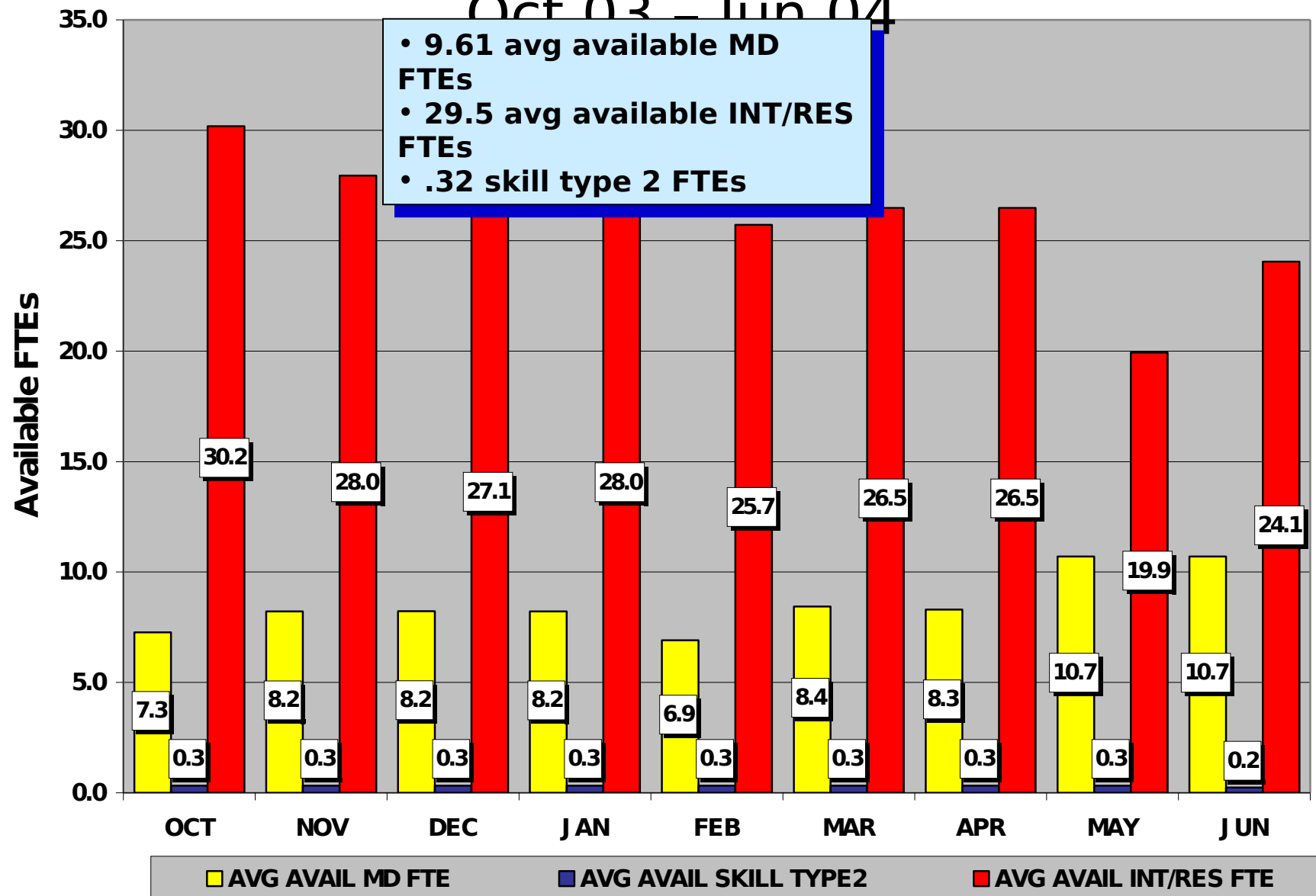
By FY and Skill Type

Avail MD FTEs have decreased from FY03 to FY04 by 4.8 FTEs



Internal Medicine Monthly Reported Available FTEs

Oct 03 - Jun 04



Internal Medicine

Mobility and Other Deployments

- Physician Deployments (SGX Database)

- FY03:

- 9 deployments: 852 days total

- Eppich, Larson, Ramirez, Sauerwein, Zarr, Roman-Gonzales, Asperson, Glanton, Splichal

 44M3?

- FY04 Taskings in Turtle Model:

- Basic: 2 per cycle (3 x 2 x 120) = 720 days *

- Aug: 2 per cycle (3 x 2 x 120) = 720 days *

- FY04 Actual: 9 x 120: 1,080 days

- Wickern, Ward, True, Agan, Skluzaceck, McShane, Feichtner, Dice, Maranian

- FY05 Planned (to date): 3 Sep-Jan; 3 Jan-Apr

 44M3?

- Humanitarian and Civic Assistance

- FY03: 3 residents: 41 days total

Internal Medicine

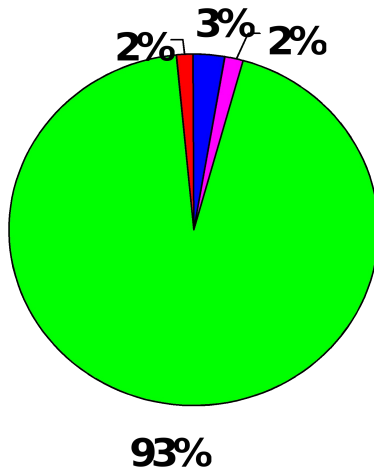
Access to Care

- Standard for Routine Appointments: 7 days
 - Avg Wait Time: 11.2 days

• **Not Meeting standard**
for routine access to
specialty care

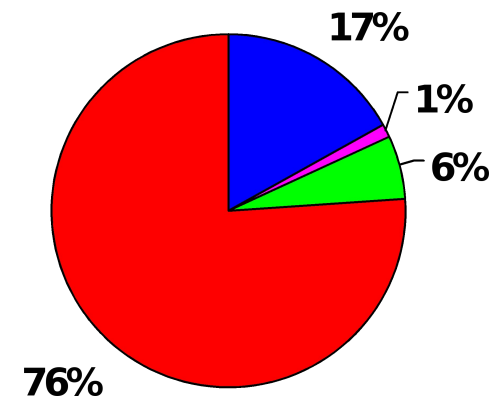
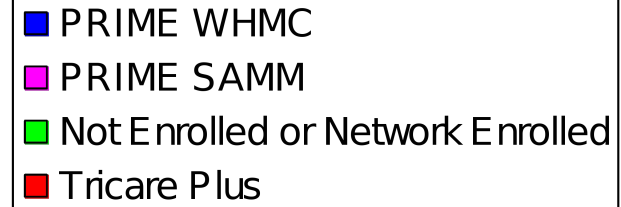
Internal Medicine

Types of Patients and Source of RVUs



Patient Ben Cat

Almost all Internal Medicine patients are retirees/fam mbrs



Source of RVUs

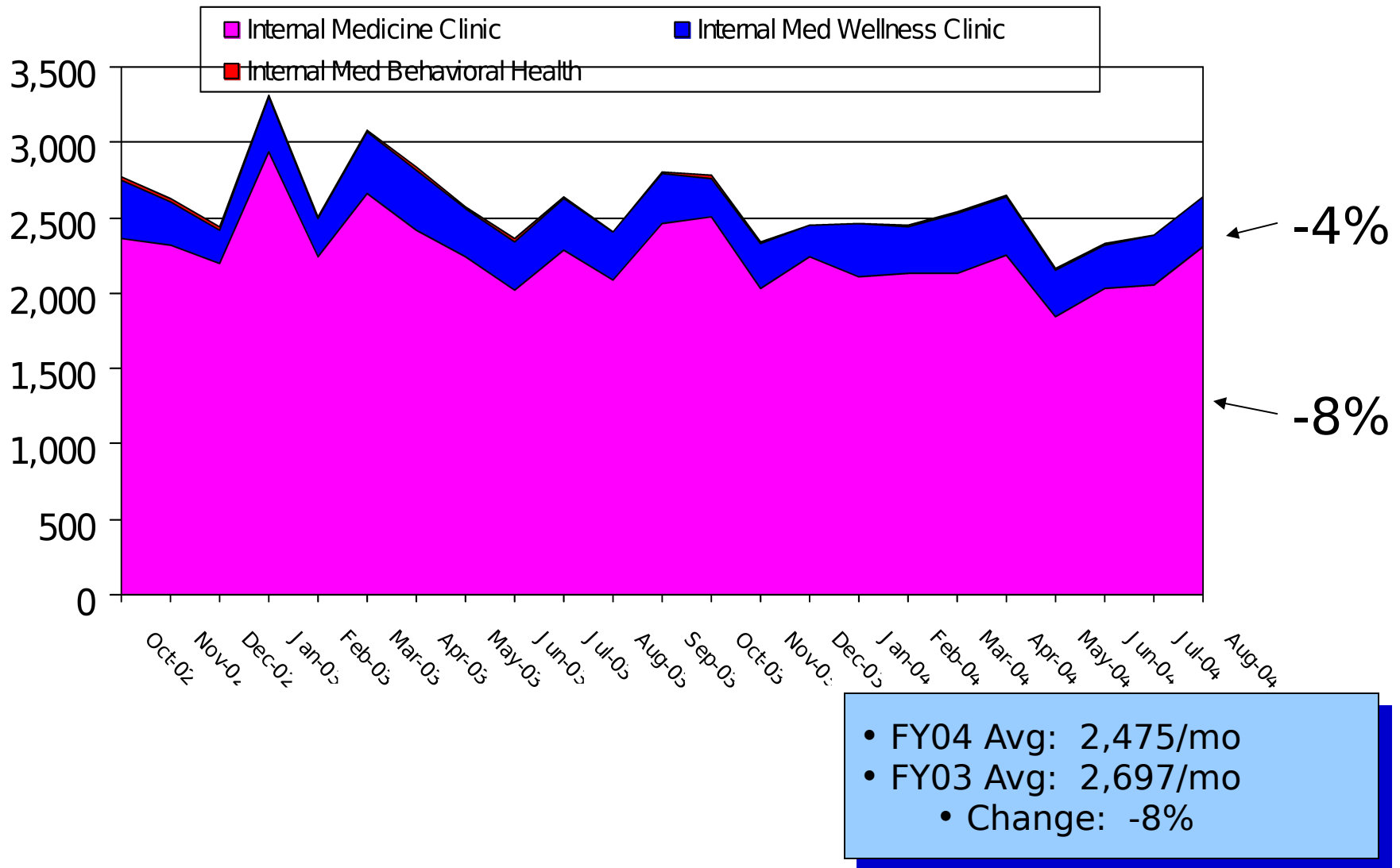
- 76% from Tricare Plus
- Not enrolled includes TFL

Internal Medicine Enrollment

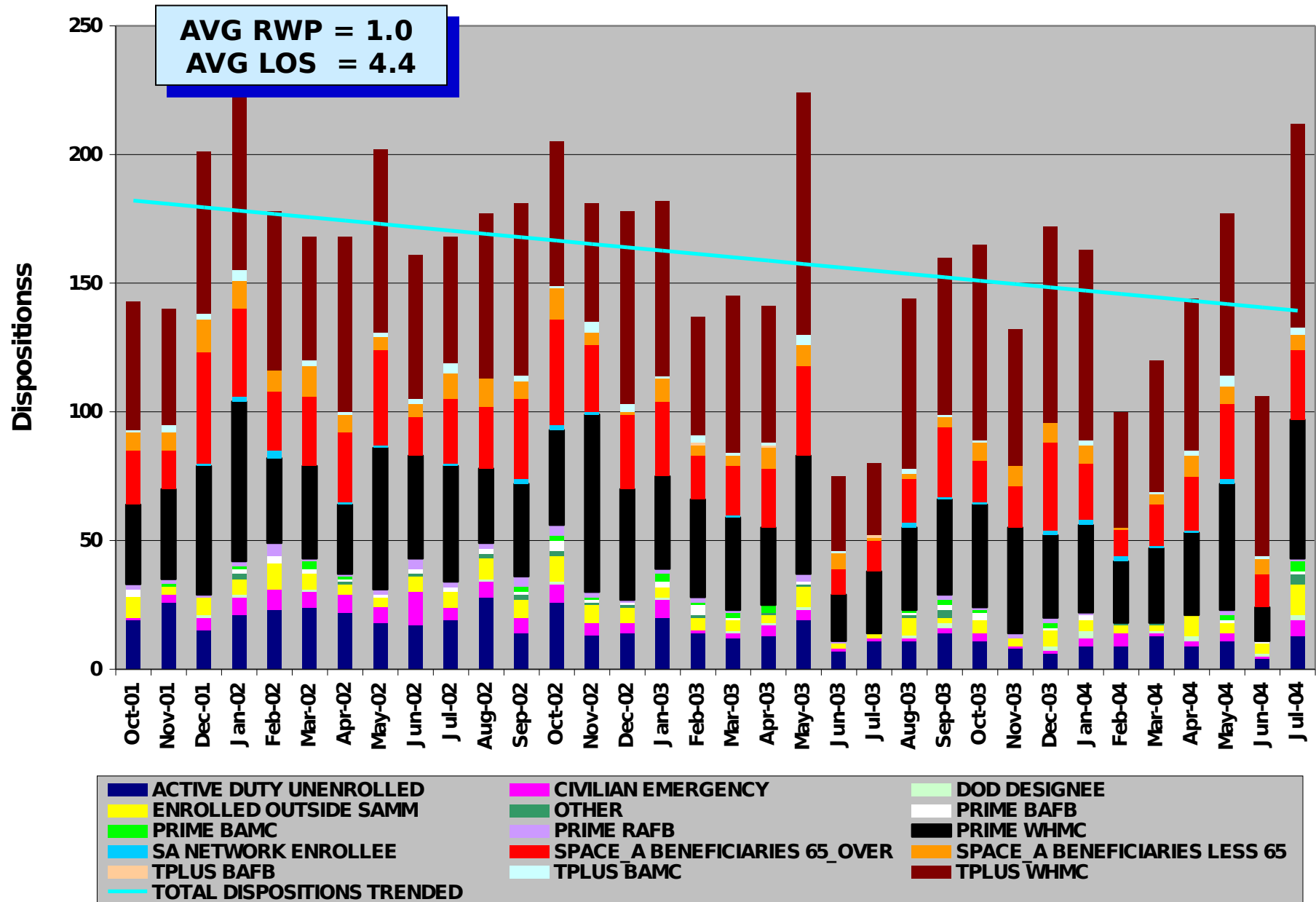
- Current Enrollment: 7,038
 - 10% of WHMC's 68,099 total enrolled
- # PCMs: 14.5
 - 30% of WHMC's 48.5 PCMs
- Ratio: 485 enrollees:PCM (vs. 500:1 goal)
- Status: Open to AD and ADFM only

• **Not Meeting standard**
for routine access to
specialty care

Internal Medicine Total OP Visits FY03-FY04

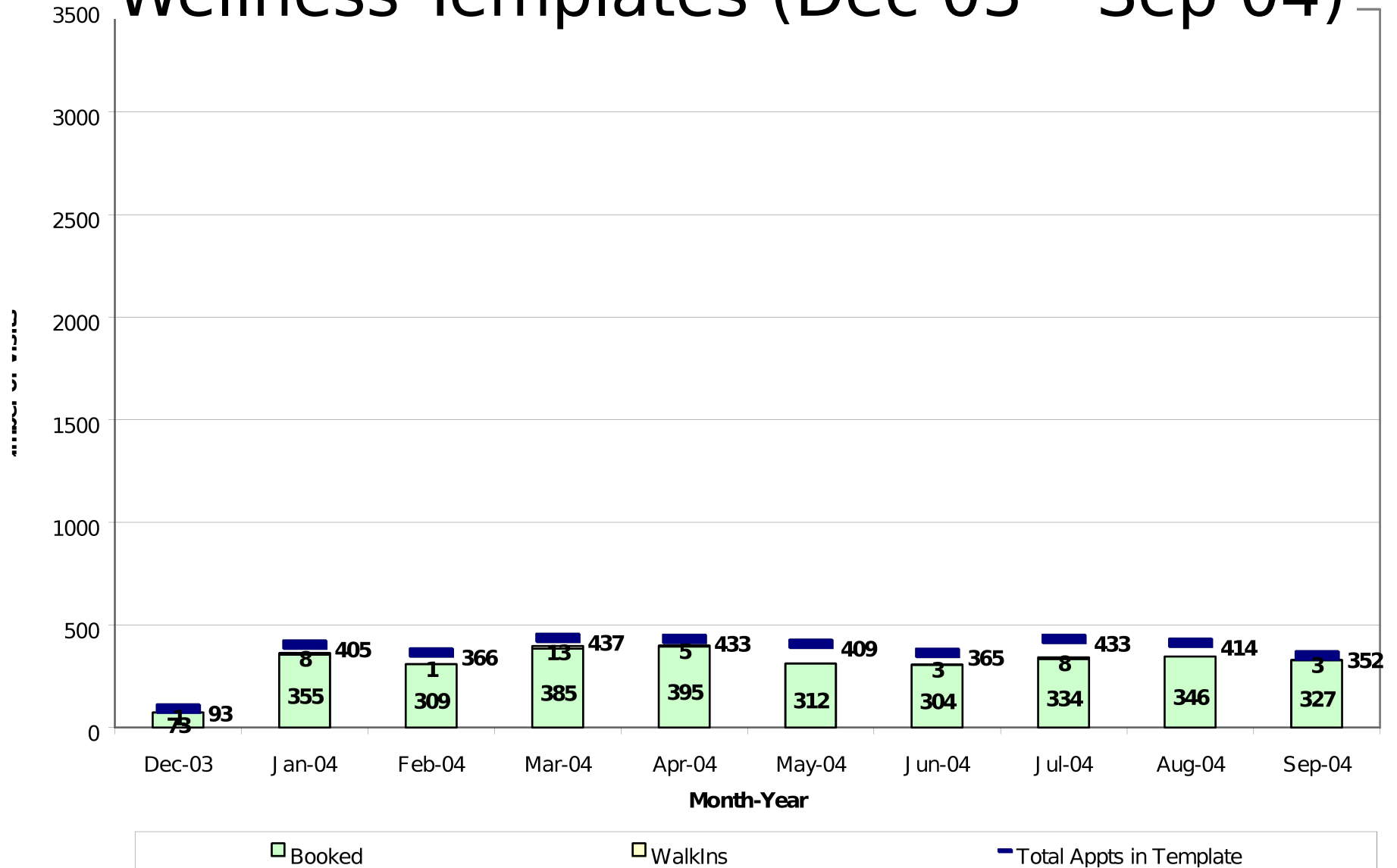


WHMC Inpatient Internal Medicine Dispositions Trended FY02 to FY04

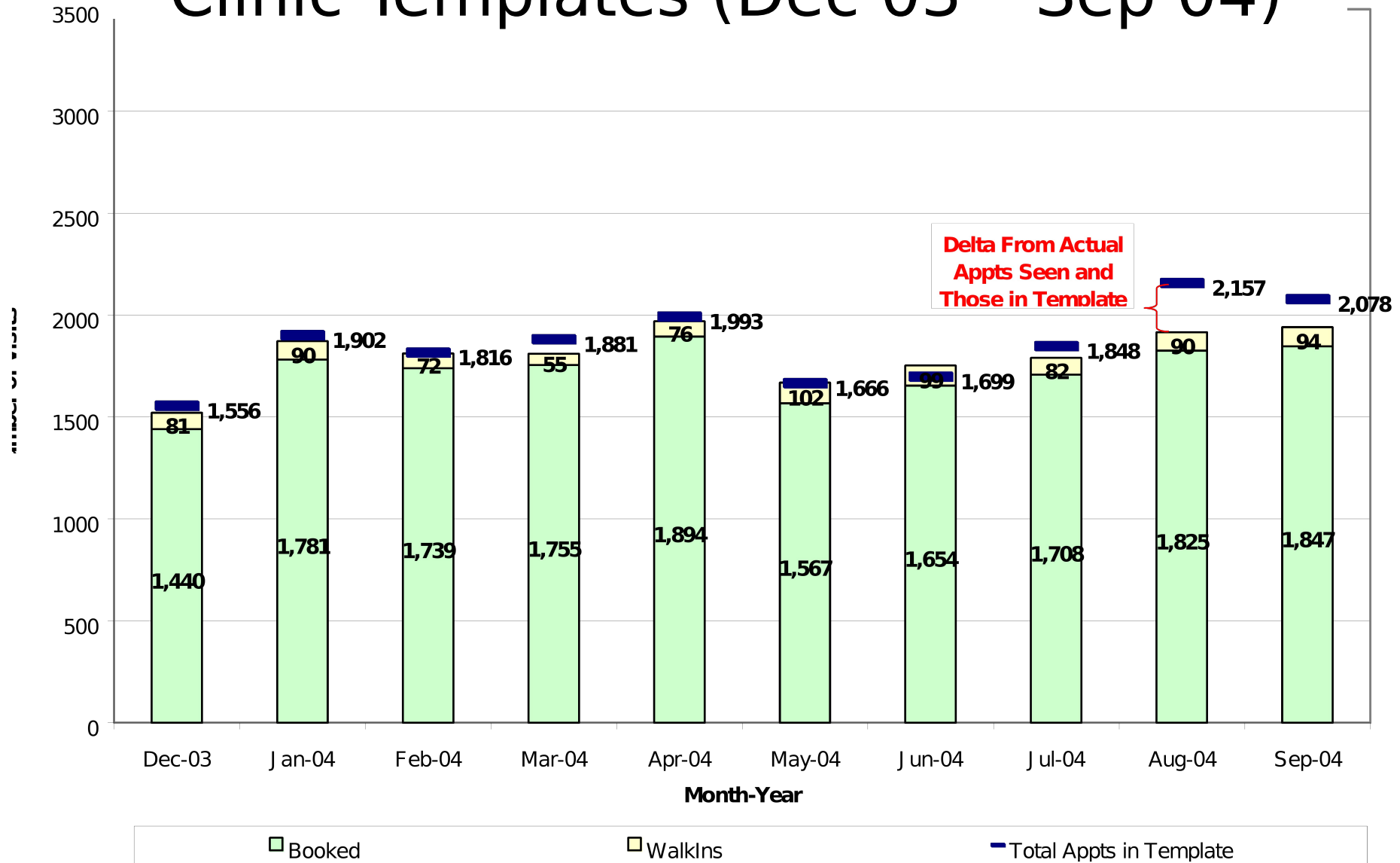


Internal Medicine

Wellness Templates (Dec 03 – Sep 04)

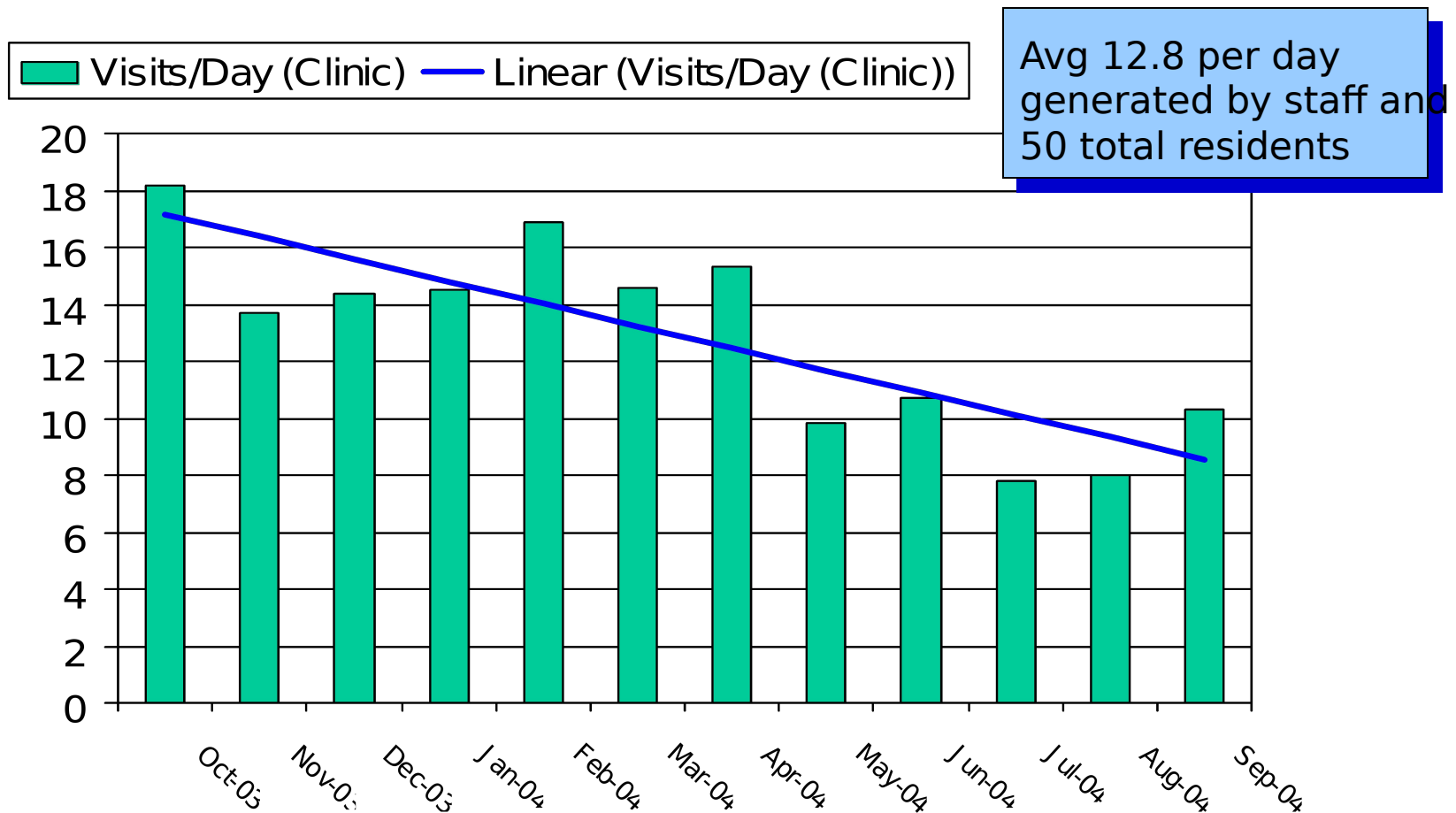


Internal Medicine Clinic Templates (Dec 03 – Sep 04)



Internal Medicine

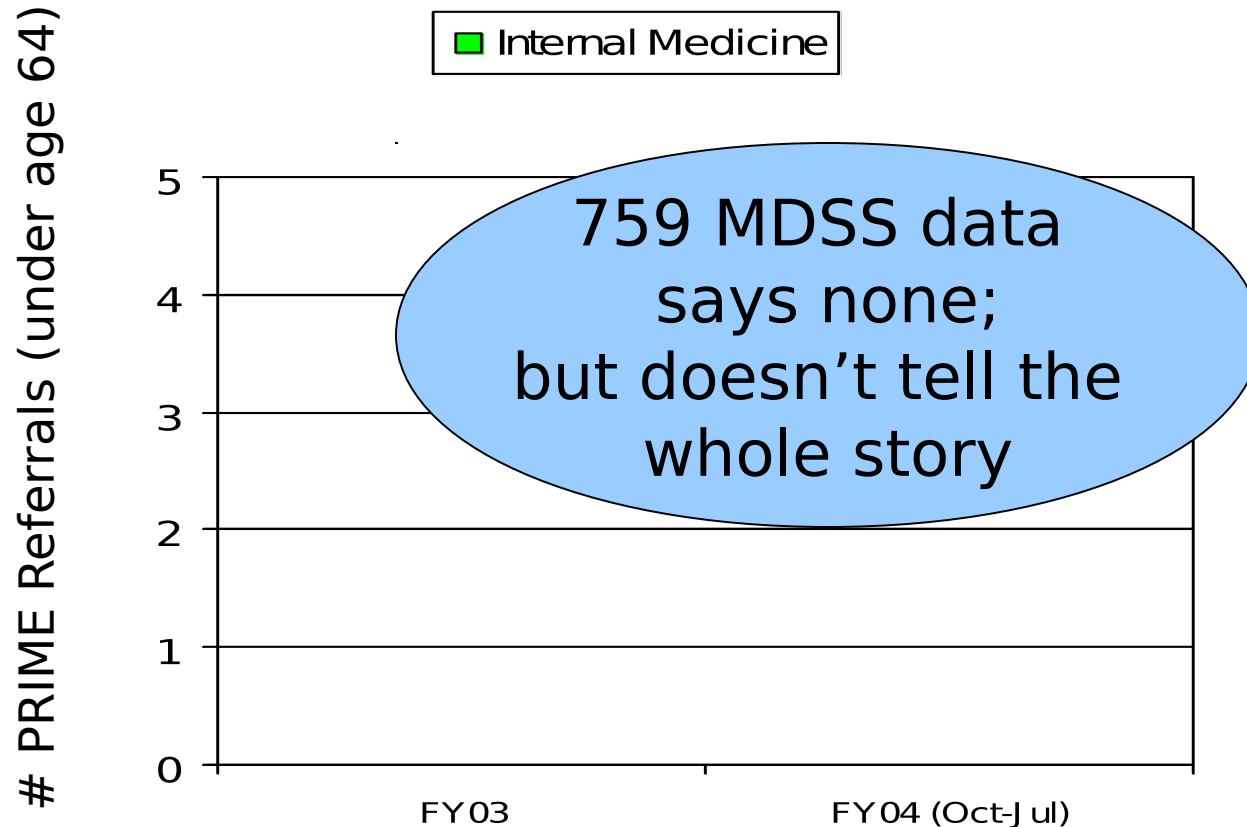
FY04 OP Visits/FTE/Day*



* Total Visits divided by "MEPRS Avail Type I" @ 20 days/mo

Internal Medicine

PRIME Containment & Referrals (OP)



Internal Medicine Outpatient Market Share

- In FY03, WHMC and BAMC had **70%** of the outpatient market share for beneficiaries under age 65
 - WHMC CMAC: \$1.109M
 - BAMC CMAC: \$1.565M

Category	FY03	FY04
AD	\$ 8,044	\$ 21,635
BAMC Prime	\$ 44,407	\$ 200,950
WHMC Prime	\$ 127,179	\$ 182,181
Other MTFs	\$ 33,298	\$ 55,537
Network PRIME	\$ 339,902	\$ 442,700
Standard < 65	\$ 466,728	\$ 551,505
Total < 65	\$ 1,019,558	\$ 1,454,508

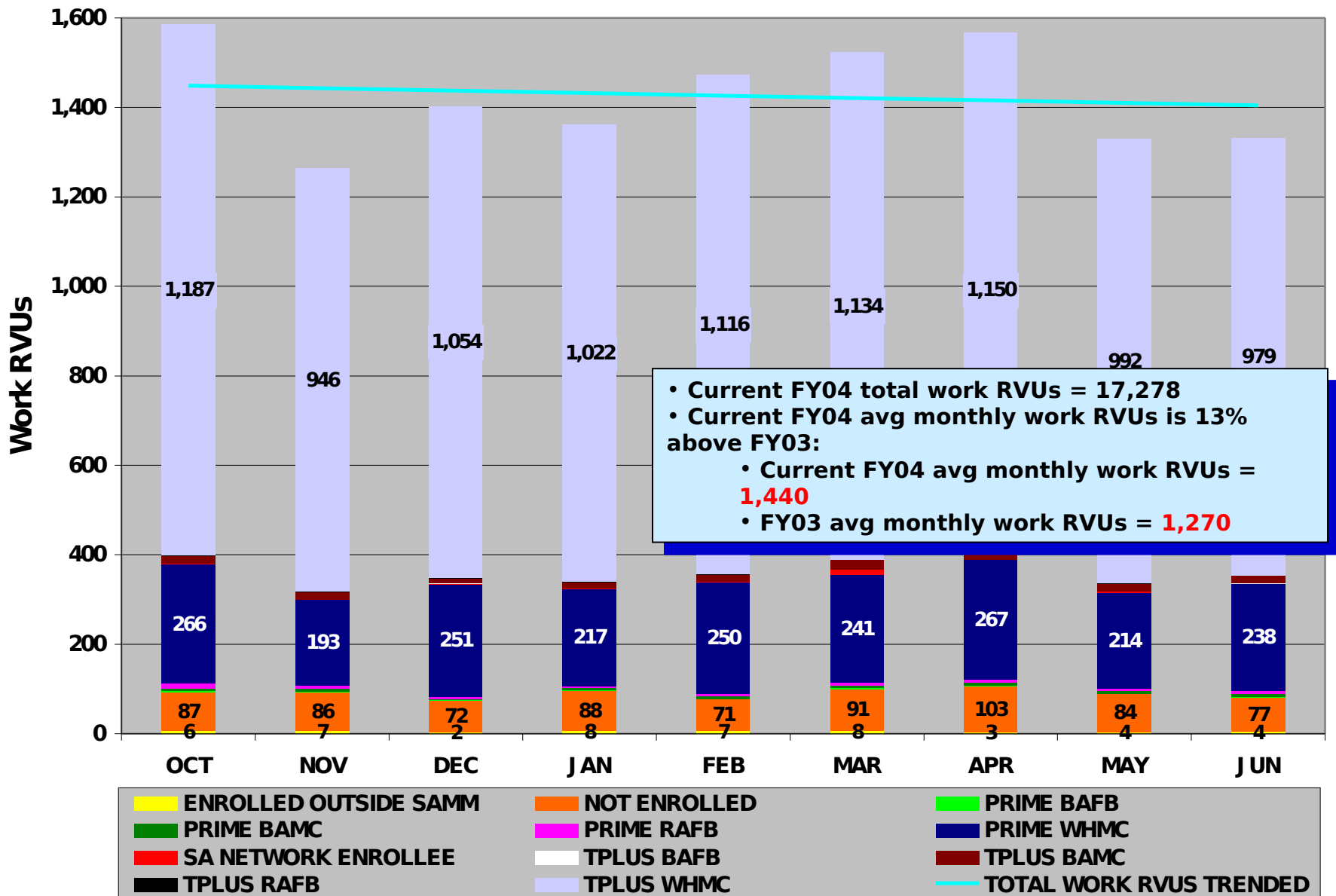
- 70% market share

Internal Medicine Coding Analysis

- Data Quality* (Goal: 90% or more)
 - ICD9: 96.8%
 - CPT: 88.89%
 - E&M: 98.5%

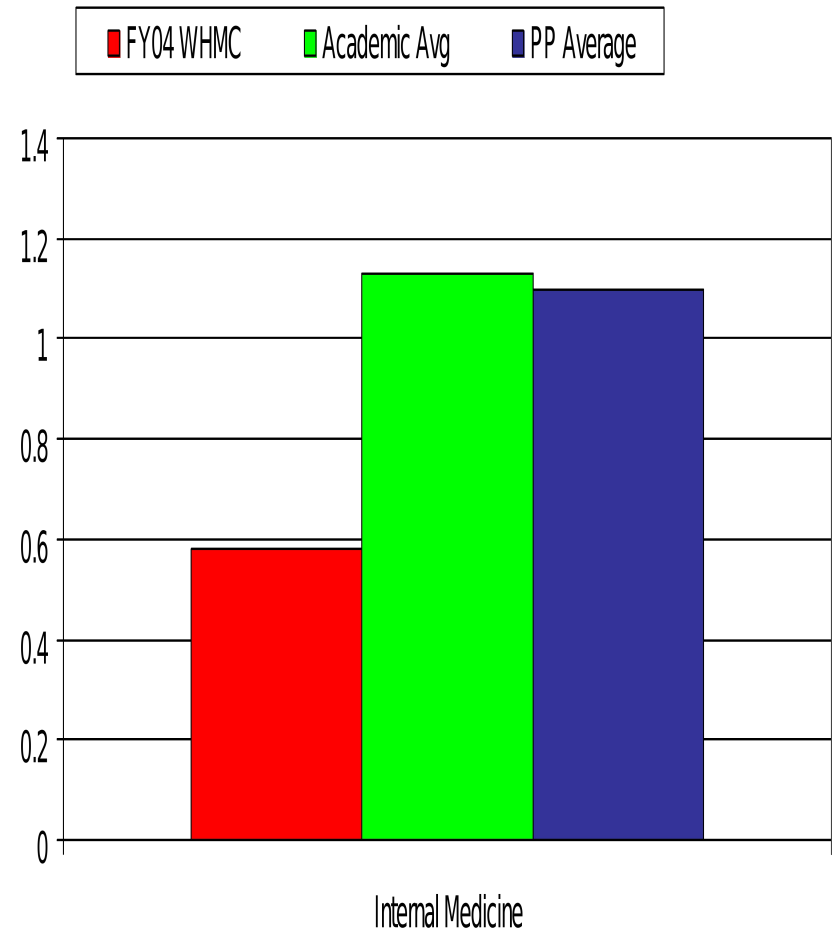
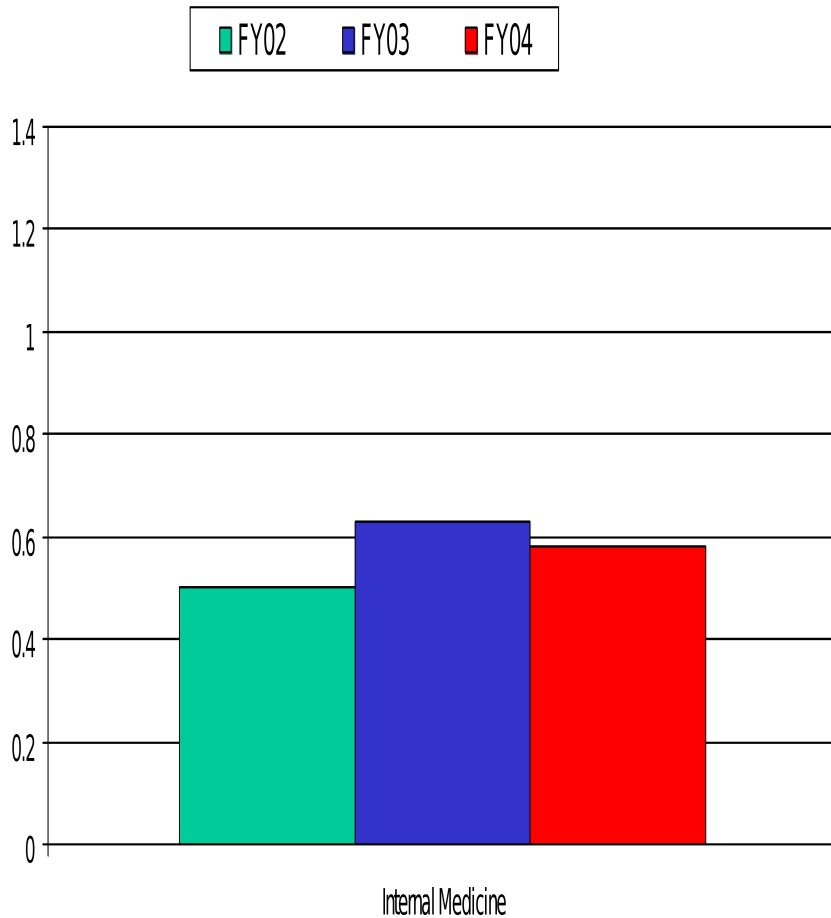
- Meeting or coming close to AFMSA std

Internal Medicine Direct Outpatient Care Work RVUs Oct 04 - Jun 04



Internal Medicine

RVU/Visit (FY02 to FY04)



PP: Private Practice

Internal Medicine

Business Plan Performance Oct-Jun 04

- How did Internal Medicine contribute to -\$9M in FY04

RVUs	FY02 Target	FY04 Actual	Difference	\$
IHC	1,616	2,136	520	\$ 38,474
ODC	182	105	(77)	\$ (5,712)
FFS OE	220	172	(47)	\$ (3,510)
FFS SA	1,222	784	(438)	\$ (32,438)
FFS TP	8,880	9,745	865	\$ 64,042
Total	12,119	12,942	822	\$ 60,856
RWPs	FY02 Target	FY04 Actual	Difference	\$
IHC	1217.7961	1125.7625	(92)	\$ (552,202)
ODC	207.5748	153.0565	(55)	\$ (327,110)
FFS OE	156.4646	107.868	(49)	\$ (291,580)
FFS SA	767.1147	498.3919	(269)	\$(1,612,337)
Total	2,349	1,885	(464)	\$(2,783,228)

Outpatient: \$61K
 Inpatient: -
 \$2.783K
 Total: -\$2.722K

Internal Medicine

New FY05 BP Targets vs. Current

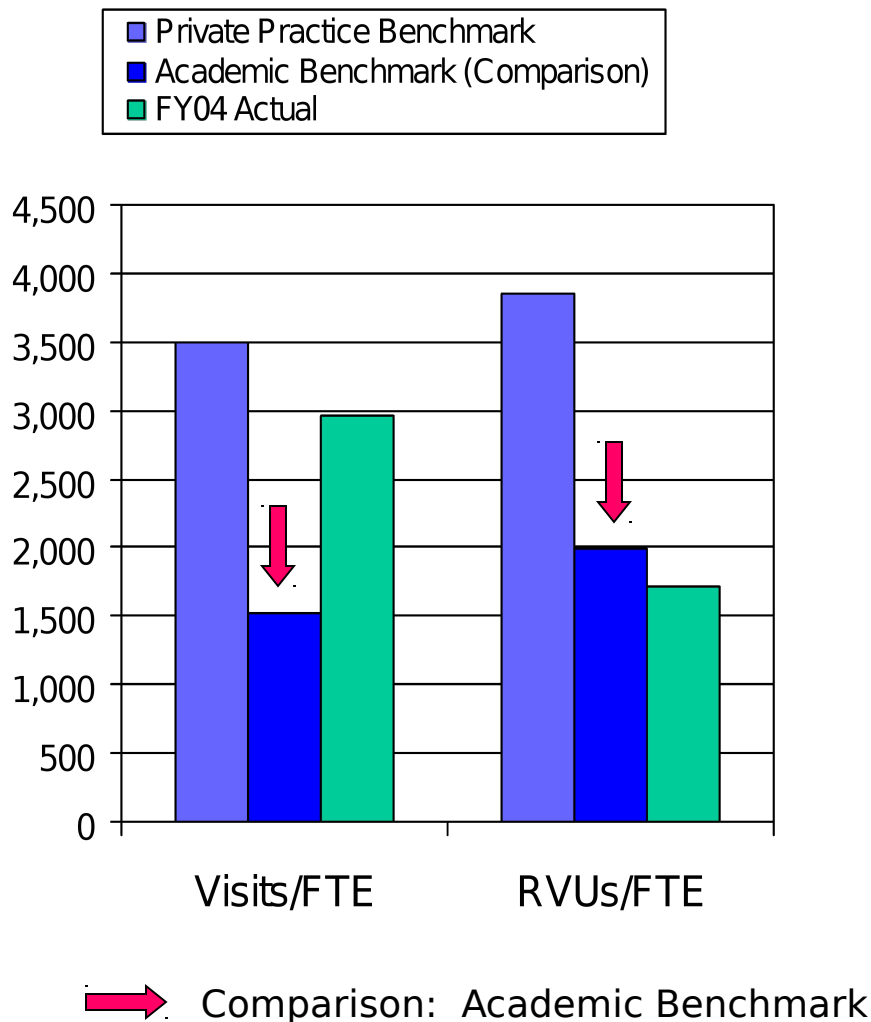
- In FY05, your targets are based on your FY03 LOE less adjustments
- Your FY04 performance compared to FY03 LOE below

RVUs	FY03 (Target)	FY04 Actual	Difference	\$
IHC	2,495	2,136	(359)	\$ (26,578)
ODC	169	105	(65)	\$ (4,777)
FFS OE	335	172	(162)	\$ (12,012)
FFS SA	2,815	784	(2,031)	\$ (150,286)
FFS TP	11,309	9,745	(1,564)	\$ (115,714)
Total	17,122	12,942	(4,181)	\$ (309,367)
RWPs	FY03 (Target)	FY04 Actual	Difference	\$
IHC	1123.6824	1125.7625	2	\$ 12,481
ODC	121.7151	153.0565	31	\$ 188,048
FFS OE	134.2222	107.868	(26)	\$ (158,125)
FFS SA	602.7978	498.3919	(104)	\$ (626,435)
Total	1,982	1,885	(97)	\$ (584,032)

Estimate Only:
(no adjustment
applied yet)

Internal Medicine

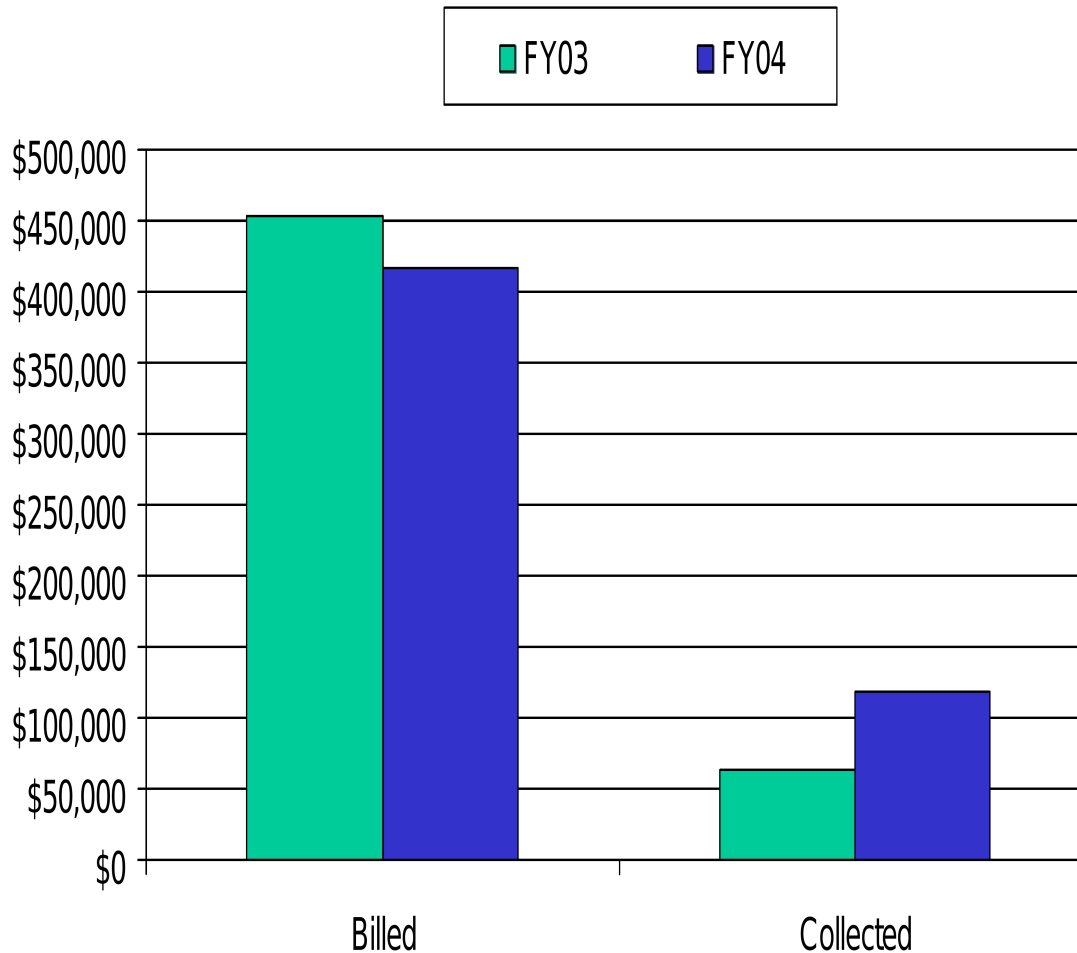
Benchmark Comparison per FTE



	Avail per Clinic
#FTEs	10.0
FY04 Visits	29.628
FY04 Visits/FTE	2.963
Academic Benchmark (visits/FTE)	1.516
% Compared to Acad. Benchmark	195%
FY04 RVUs (Proj)	17.112
RVU/Visit	0.58
RVU/FTE	1.718
Academic Benchmark (RVU/FTE)	1.985
% Compared to Acad. Benchmark	87%








- Exceeding the academic benchmark for visits per FTE; slightly below for RVUs/FTE
- Solution: Better coding/credit for inpatient consults/credit for residents' workload









Internal Medicine Reimbursements FY03 vs. FY04



- Billing Rate
 - Down 8% since FY03
- Collection Rate
 - FY03: 0.14
 - FY04: 0.29
- Billing less but collection rate doubled

Internal Medicine Stoplights

Area Reviewed	
Health of GME Program	
Manpower/Staffing	
Access to Care (Specialty Care)	
Use of Templated Appointments	
Visits over Time (02 to 04 trend)	
Market Share/PRIME Containment	
MEPRS Data Quality	

Area Reviewed	
RVU/Visit over time (FY04)	
Data Quality	
Neurology vs. Civ Benchmarks	 
Reimbursements	
BP Performance Oct-Jun 04	
BP Performance (FY05)	
Enrollment	

Internal Medicine

Next Steps

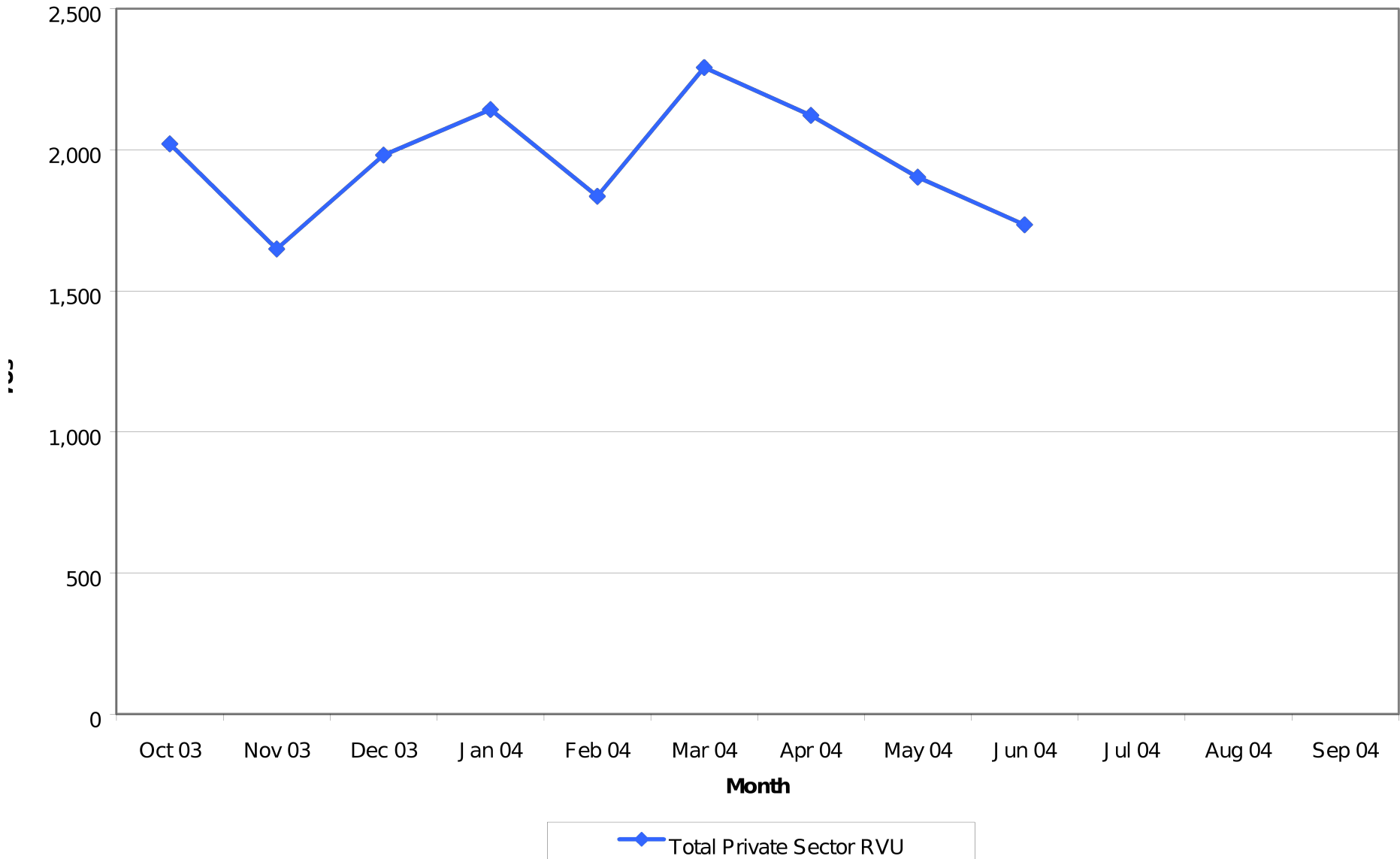
- Step 2
 - Follow-up: TBD
- Step 3
 - Projected WHMC/BAMC Brief: TBD



Integrity - Service - Excellence

Internal Medicine Back-up Slides

Private Sector Internal Medicine RVUs in FY04



MTF Prime - Top 20 Private Sector Internal Medicine Outpatient Diagnoses by Volume in FY04

Primary Diagnoses	Count	Description
1749	813	MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED
4011	796	ESSENTIAL HYPERTENSION, BENIGN
25000	459	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II
4019	414	ESSENTIAL HYPERTENSION, NOS
7140	345	RHEUMATOID ARTHRITIS
2720	322	PURE HYPERCHOLESTEROLEMIA
2724	303	OTHER AND UNSPECIFIED HYPERLIPIDEMIA
V700	302	ROUTINE GENERAL MEDICAL EXAMINATION AT HEALTH CARE FACILITY
7291	271	MYALGIA AND MYOSITIS, UNSPECIFIED
486	241	PNEUMONIA, ORGANISM UNSPECIFIED
4779	224	ALLERGIC RHINITIS, CAUSE UNSPECIFIED
1719	214	MALIGNANT NEOPLASM, CONNECTIVE/SOFT TISSUE, NOS
78650	211	UNSPECIFIED CHEST PAIN
1830	203	MALIGNANT NEOPLASM OF OVARY
4659	187	ACUTE UPPER RESPIRATORY INFECTIONS OF UNSPECIFIED SITE
4619	183	ACUTE SINUSITIS, UNSPECIFIED
51881	157	ACUTE RESPIRATORY FAILURE
V723	155	GYNECOLOGICAL EXAMINATION
51883	154	CHRONIC RESPIRATORY FAILURE
7242	148	LUMBAGO
5990	148	URINARY TRACT INFECTION, SITE NOT SPECIFIED

**** Note: Private sector outpatient data excludes resource sharing and any patient age 65 and above. ****

Space A - Top 20 Private Sector Internal Medicine Outpatient Diagnoses by Volume in FY04

Primary Diagnoses	Count	Description
1749	796	MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED
4011	689	ESSENTIAL HYPERTENSION, BENIGN
1629	499	MALIGNANT NEOPLASM OF BRONCHUS AND LUNG, UNSPECIFIED
7140	499	RHEUMATOID ARTHRITIS
2720	318	PURE HYPERCHOLESTEROLEMIA
25000	314	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II [NON-INSULIN DEF
2724	294	OTHER AND UNSPECIFIED HYPERLIPIDEMIA
71509	238	OSTEOARTHRITIS, GENERALIZED, INVOLVING MULTIPLE SITES
7291	224	MYALGIA AND MYOSITIS, UNSPECIFIED
4019	223	ESSENTIAL HYPERTENSION, NOS
V581	222	ENCOUNTER FOR CHEMOTHERAPY
V5861	210	LONG-TERM (CURRENT) USE OF ANTICOAGULANTS
1622	187	MALIGNANT NEOPLASM OF MAIN BRONCHUS
25002	164	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II (NON-INSULIN DEF
1539	164	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED
2449	163	UNSPECIFIED ACQUIRED HYPOTHYROIDISM
V700	146	ROUTINE GENERAL MEDICAL EXAMINATION AT HEALTH CARE FACILITY
78650	125	UNSPECIFIED CHEST PAIN
4779	119	ALLERGIC RHINITIS, CAUSE UNSPECIFIED
7242	113	LUMBAGO

**** Note: Private sector outpatient data excludes resource sharing and any patient age 65 and above. ****